DESIGN BRIEFING SYSTEM
NOTEBOOK

DBS 4

MC0311

Adult Acute Wards

DEPARTMENT OF HEALTH AND THE WELSH OFFICE

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Design Briefing System

1. The preparation of design briefs for health buildings can be simplified by using this notebook. It will help project teams to identify user requirements in a logical, considered manner.

What DES provides

2. The format of DBS is as follows: a portion of the text of the associated Health Building Note is reproduced on the left hand page; on the facing right hand page, a sequence of options implied by the text are set out in such a way that they may easily be marked for acceptance or rejection by ticking the appropriate box, and may be modofied or extended.

The use of DBS ensures that, for example:

a. in a sequence of decisions, none is overlooked;

b. other options may be added if necessary;

c. earlier decisions are indentified so that they may easily be recaptured when associated topics are under consideration;

d. during refinement of the brief, the implications of modifications which may affect and therefore prompt re-consideration of earlier decisions, may easily be checked;

e. members of the project team can review the questions next due for consideration and thus ensure that they are fully informed before the meeting. This has been found to be of great organisational and psychological benefit;

f. members of the project team can make their own record of decisions in the notebook itself against stated options or by entering additional text in the appropriate place. This means that there is a clear, up-to-date record of agreed decisions which can easily be identified, as they are not embedded in a mass of minutes not of immediate relevance.

The brief is then typed directly from a Master DBS notebook, supplemented where necessary with information from project team minutes.

3. Using DBS encourages project teams to consider the compatibility of decisions in a systematic and logical manner, thereby preparing a brief containing adequate detail of the user requirements. This should help to improve those areas in which some past designs have been deficient. For example, the provision of inadequate access or space.

4. DBS is primarily concerned with the detailed briefing stage of a project - preparation of the client/user contribution to a comprehensive design brief. In addition to providing information to the designer, the brief is useful at the commissioning stage, and for evaluation when the building has been in use for a period.

5. The use of DBS enables client/user requirements to be stated clearly and concisely by the project team, not only in respect of accommodation, but also how that accommodation is to be used. Furthermore, as mentioned previously, during refinement of the brief, use of DBS enables a check to be made on the implications of modifications resulting from previous client/user decisions, that is, it establishes a systematic data chain which can be referred to if at some subsequent stage it is necessary to trace back the reason for decisions. It must be borne in mind, however, that DBS options are not costed, and while providing the cost planner with earlier and more detailed information regarding the client/user requirements, DBS in itself does not assist in matching these with the money available.

6. DBS notebooks are intended to be used as an aide memoire in conjunction with the associated Health Building Note and other guidance issued by the Department, and should not be regarded as taking the place of such guidance.

Using the notebook effectively

7.This notebook assumes that the functional content, including the local requirements for in-patient services and the number and type of adult acute wards, will have been decided in accordance with guidance contained in Health Building Note 2 ' The Whole Hospital - Briefing and Operational Policies'. It further assumes that these decisions will have been recorded in the Design Briefing System notebook associated with Health Building Note 2.

Because it is unlikely that all wards in a development will fulfill the same functions team members will need to maintain separate notebooks for each type of ward proposed for a development.

It is recommended that project team members should insert a copy of the relevant decisions recorded in DBS2 at the front of their notebooks as they are likely to affect the brief for each type of adult acute ward.

NOTE: When this notebook was published Health Building Note 2 and its associated DBS notebook were in preparation

If they are not available when this notebook is brought into use it is recommended that all project team members should be provided with a copy of documents describing local decisions likely to affect ward functions - these can be inserted in front of the notebooks in place of the extracts from DBS2.

There are two parts to a notebook. The first part requires decision to be taken, lists the options available, and includes extracts of relevant guidance from the Health Building Note. The second part lists activity spaces (or rooms) from which a selection can be made based on decisions recorded in the first part.

Flexible use

8. Above all, the system should be used flexibly. Although the notebook anticipates the planning decisions which need to be considered, and carefully phrases the choices so that the design brief can be prepared directly from it, the project team can add other decisions, options, and notes, or change the phrasing of existing ones to suit the project's requirements.

In some areas of the guidance contained in the Health Building Note options are not available to the project team. Project team members should therefore make addions to their notebooks where these occur.

Distribution

9. A copy of the notebook (for each type of ward being developed) should be given to each member of the project team well before the first meeting where it is to be used. A Master copy of each should be held by the project team secretary to record agreed decisions from which the brief is prepared.

Planning the meetings

10. Each member of the project team should read their DBS notebook, and the associated Health Building Note, before the first planning meeting. This gives an overall view of the planning decisions which have to be made and helps to place the sequence of the decisions discussed at meetings in the right context. The notebook can be used also, especially by the secretary or chairman of the team, to prepare the agenda of meetings and to arrange in advance for the attendance (or at least the views to be obtained) of representatives of specialist users (eg dentists, pharmacists, domestic services manager) when a particular service is being discussed.

Between meetings

11. Individual project team members can be assigned tasks relating to specific parts of the notebook to consider between meetings. This feature can be used to obtain relevant information, to stimulate and focus attention on necessary fact-finding studies. It also highlights groups of decisions for members to work on, individually or in consultation with colleagues or other specialists.

Member's record of meetings

12. Each member of the project team should record in their own notebook(s) the decisions agreed at meeting so that:

a. a clear, immediate record of agreed decisions is taken away from each project meeting, rather than having to wait for meeting minutes (which have not been confirmed and may not always reflect accurately the decisions made);

b. a record of up-to-date decisions is held by each team member rather than having records of decisions taken (and often revised) at various times embedded in a series of minutes (which may, in turn, be inaccurate).

13. This feature is especially important (at or outside the project meetings) when considering decisions which may have been amended by decisions made previously, and when checking that any interim or draft design brief accurately reflect the latest agreed decisions. If members are absent from a particular meeting then arrangements must be made for them to update their own notebook(s).

Meeting minutes

14. Minutes need only concentrate on the background leading up to the decisions made (and recorded in a notebook) at project team meetings. If it is decided that parts of the minutes should be included in the client brief as supporting information, a note should be made alongside the relevant parts of the minutes which are to be added to the brief.

Cross-referencing

15. This is explained in detail in paragraphs 26. It enables decisions to be cross-checked and is an important feature especially in helping to review the implications of revising decisions made at previous meetings.

Design brief content

16. The primary aim of the brief prepared from a DBS notebook is to record the client/user requirements for a health building. The brief should be as unequivocal as possible to enable the design team to interpret their requirements into a design.

17. In addition, the brief will contain background information for designers and provide the basis for the commissioning and evaluation of the building. The organisational decisions included in DBS notebooks form an important aspect of this. The project team may decide also to include some extra background information from meeting minutes and this should be carefully noted in the Master DBS notebook.

18. Any brief (whether interim or complete) should be prepared directly from the Master DBS notebook (with supporting parts of minutes included as notes). This helps to ensure that the draft is as up-to-date and as complete as possible. It is also easier for all members of the team to check its accuracy. The draft can then be agreed and edited before issue outside the project team.

An example of part of a brief typed from one page of a DBS notebook is reproduced as an appendix.

Preparation of Part 2

19. Part 1 should be complete before selecting the detailed accommodation required (activity spaces) in Part 2. The secretary or chairman of the team can use Part 2 to ensure that a thorough check is carried out of the detailed implications of planning decisions recorded in Part 1. The choice of activity spaces and data sheets in draft form can then be made by a small sub group of the planning team for subsequent ratification by the full team.

Use after the brief is prepared

20. Master copies of completed notebooks should be retained (and kept up-to-date with all changes) as part of the project documentation after the design brief has been agreed, so that:

a. any subsequent changes in the brief or design which may be necessary during the project design stage can be fully checked out for their implications using the cross- referencing features of the DBS notebook;

b. operational manuals, training programmes, etc can be prepared during commissioning;

c. a true evaluation can be made between the completed building and the intentions recorded in the design brief.

d. when considering any future building changes, upgrading or project phases, DBS notebooks are readily available to help ensure that new planning decisions are compatible with existing accommodation that has already been planned (but not yet built).

Content

21. The planning decisions in notebooks are structured as follows:

a. *General Philosophy and Considerations*, which is a summary of general philosophy of the service provided and general points that require consideration;

b. *Scope of Service and Workload*, which sets out the scope of service provided and its workload;

c. *Locational Relationships*, with other areas of the hospital;

d. *Organisation of Service*, which sets out detailed operational policy decisions under several subheadings. Planning decisions in this section have a direct implication on one or more of the following:

(i) Design, ie affect and type and quantity of the detailed facilities to be provided;

(ii) Operational policy, ie state operational procedures or staffing decisions which can be used as a reference point for commissioning or evaluation.

e. *General Design Requirements*, which state any overriding requirements which are not specified elsewhere in the design brief.

Presentation of information

22. Except for the introductory section - General Philosophy - all sections of the DBS notebook contain a set of options/planning decisions (shown on the right hand pages) together with extracts of any relevant planning guidance material (shown on the left hand pages), opposite the appropriate options/decisions.

Guidance

23. The primary objective of the portions of guidance material on the left hand page is to remind the project team of the appropriate section of the Health Building Note which must be taken into account before specific options on the opposite page are selected.

24. Paragraphs of guidance dealing with cost effectiveness are highlighted in bold type, to alert the project team to the capital and running cost implications of certain decisions.

Planning decisions

25. For most planning decisions a set of possible options is shown. The project team select the appropriate option by ticking within the square brackets alongside. Where appropriate their choice can be quantified, or they can enter other decisions, options or further information to be included in the brief. Project team members should also record items where no option is available.

26. A simple cross-referencing system is incorporated which allows cross-checking for compatibility of decisions made. The reference relates to the page No (top left-hand corner) and the 'REF' column letter. For example, on page of this notebook 'Adult Acute Wards', under reference " - the unique reference for this option if selected is , to which can be added the generic code for the DBS document - 'AAW', making in all

27. The reference in the 'EARLIER DECISION' columns (which are already printed in the document) may be used in a number of ways:

a. to check when making a decision that previous decisions are compatible (including Whole Hospital Policies);

b. to check all the relevant consequences of doing so when proposing to change a decision.

GENERAL PHILOSOPHY

The accommodation described in the Health Building Note, Adult Acute Wards, on which this document is based, provides facilities for the assessment, diagnosis, treatment, nursing care and rehabilitation of acutely ill adults.

Hospital buildings should not only satisfy functional requirements, but should also be economical in respect of both capital and running costs. Due weight must therefore be given to problems of space provision, maintenance, cleaning, energy comsumption and staffing requirements.

It is sometimes possible to share spaces between wards, and thus reduce the total space requirement. The following spaces have been shared: day rooms, seminar room; staff changing; cleaner's room; and disposal room. However, sharing space, although undoubtedly economical, has not always been a success. For example, the sharing of the ward treatment room and ward pantry has not, in practice, been successful.
(HBN 4, paras. 2.1, 1.7 and 2.36)

2 SCOPE OF SERVICE AND WORKLOAD

not relevant

d can be used to design wards suitable for
rgery, and also for the following

[illegible]	facial-maxillary surgery
chest diseases	urogenital surgery
dermatology	gynaecology
endocrinology	ophthalmology
gastro-enterology	otorhinolaryngology (ENT)
neurology	reconstructive surgery
oncology	trauma and orthopaedic
rheumatology	urology

Several consultants may have beds in a ward, and a ward may serve more than one specialty.

The information provided can also be used for the design of:

a. accommodation for patients admitted overnight for a short stay;

b. radio-therapy and stroke rehabilitation wards. In these cases design, equipment and furnishings should be appropriately varied to ensure a homely atmosphere.

The proportion of high dependency patients has increased significantly because of:

a. shorter average lengths of stay;
b. an increase in the proportion of elderly and very elderly patients admitted;
c. advances in medical practice.

Health authorities should consider the consequences for service and design of this increase in throughput and workload; for example, the demand for supplies and equipment, and therefore for storage, has increased and is likely to continue to increase.
(HBN 4, paras. 1.9, 1.10 and 2.5)

EXCLUSIONS

The following specialties are not covered by the HBN 4.

coronary care	burns
spinal injury	intensive therapy
renal dialysis	neurosurgery
liver medicine	transplant surgery

and isolation - other than that referred to in HBN 4 paragraphs 2.19 and 2.20.
(HBN 4, para. 1.11)

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

Earlier decision	Ref		Yes	No
WH	A	This ward will provide facilities for patient:		
		(a) general medicine	[ ]	[ ]
		(b) general surgery	[ ]	[ ]
		and also for the following specialties:		
		(c) burns	[ ]	[ ]
		(d) cardiology	[ ]	[ ]
		(e) chest diseases	[ ]	[ ]
		(f) coronary care	[ ]	[ ]
		(g) dermatology	[ ]	[ ]
		(h) endocrinology	[ ]	[ ]
		(j) facial-maxillary surgery	[ ]	[ ]
		(k) gastro-enterology	[ ]	[ ]
		(m) gynaecology	[ ]	[ ]
		(n) intensive therapy	[ ]	[ ]
		(p) liver medicine	[ ]	[ ]
		(q) neurology	[ ]	[ ]
		(r) neurosurgery	[ ]	[ ]
		(s) oncology	[ ]	[ ]
		(t) ophthalmology	[ ]	[ ]
		(v) otorhinolaryngology	[ ]	[ ]
		(w) reconstructive surgery	[ ]	[ ]
		(x) renal dialysis	[ ]	[ ]
		(y) rheumatology	[ ]	[ ]
		(z) spinal injury	[ ]	[ ]
		(aa) transplant surgery	[ ]	[ ]
		(bb) trauma and orthopaedic	[ ]	[ ]
		(cc) urogenital surgery	[ ]	[ ]
		(dd) urology	[ ]	[ ]
		(ee)		
		(ff)		
WH	B	Accommodation will be provided for:		
		(a) patients requiring overnight or short stay	[ ]	[ ]
		(b) radiotherapy	[ ]	[ ]
		(c) stroke rehabilitation	[ ]	[ ]
		(d)		

2 SCOPE OF SERVICE AND WORKLOAD (CONTD)

CONTROL OF INFECTION

At least two single bedrooms should be provided with en suite shower and WC. These may be used for patients whose condition cannot be treated within a multi-bed room but which does not require strict isolation.

Isolation facilities requiring sophisticated environmental controls should not be provided in normal adult acute wards. Special environmental services such as controlled reversible airflow/ventilation, and skilled nursing staff should be provided in a separate Isolation Ward. Guidance for this ward will be provided in a separate Health Building Note (to be prepared). The Isolation Ward will attract its own Cost Allowance. (HBN 4, paras. 2.19 and 2.20)

Earlier decision | Ref

2 SCOPE OF SERVICE AND WORKLOAD

Earlier decision	Ref		Yes	No
WH	A	The _____ ward(s) will provide facilities for patient:		
		(a) assessment	[ ]	[ ]
		(b) diagnosis	[ ]	[ ]
		(c) treatment	[ ]	[ ]
		(d) nursing care	[ ]	[ ]
		(e) rehabilitation	[ ]	[ ]
		(f)		
WH	B	The lower age limit for admission to the ward will be:		
		(a) _____		
WH	C	Patients requiring isolation will be accommodated in:		
		(a) a single room with en-suite facilities	[ ]	[ ]
		(b) a single room with en-suite facilities and mechanical ventilation (SPECIFY) _____		
		(c) a separate isolation ward sited (SPECIFY) _____		
		_____		

3 LOCATIONAL RELATIONSHIPS

LOCATION

Adult acute wards are the largest single element in a district general hospital, constituting about a quarter of the total floor area. Their design, grouping and relationships with diagnostic, treatment and service departments are major influences on the form of the whole hospital. Surgical wards should have easy access, preferably on the same floor, to operating theatres and the intensive therapy unit; medical wards should be within easy reach of diagnostic and treatment facilities. The likelihood of eventual change of use of wards should also be borne in mind.
(HBN 4, para. 3.2)

Earlier decision | Ref | 3 LOCATIONAL RELATIONSHIPS

SPECIFY LOCATIONAL RELATIONSHIPS TO OTHER WARDS AND DEPARTMENTS

4 ORGANISATION OF SERVICE

4.1 PATIENT RECEPTION AND DOCUMENTATION

Earlier decision | Ref

4 ORGANISATION OF SERVICE
4.1 PATIENT RECEPTION AND DOCUMENTATION

Earlier decision	Ref		Yes	No
WH	A	Patients for elective admission will be admitted:		
		(a) via the admissions office	[ ]	[ ]
		(b) direct to the ward	[ ]	[ ]
		(c)		
WH	B	The ward will admit day emergency admissions	[ ]	[ ]
WH	C	The ward will accept emergency admissions during the night .	[ ]	[ ]
WH	D	Documentation of patients will be carried out:		
		(a) during the day by _____		
		(b) during the night by _____		
WH	E	Patients may also be admitted in an emergency:		
		(a) via the outpatients department	[ ]	[ ]
		(b) from the accident and emergency department	[ ]	[ ]
		(c) by transfer from another department	[ ]	[ ]
		(d) direct to the ward	[ ]	[ ]
		(e)		
WH 2B	F	Patients requiring observation for a short period ie less than 24 hours will be accommodated (SPECIFY)		
		(a) _____		
		(b) _____		

DOCTORS' OFFICE

An office specifically for use by junior medical staff for writing notes, confidential medical discussions and interviewing patients and relatives in privacy. Office accommodation for consultants and their secretaries is described in HBN 18 'Office accommodation in health buildings' (in preparation).
(HBN 4, para. 4.27)

Earlier decision | Ref

4 ORGANISATION OF SERVICE
4.1 PATIENT RECEPTION AND DOCUMENTATION (CONTD)

Ref		Yes	No
A	Patients may arrive at the ward:		
	(a) on foot	[ ]	[ ]
	(b) in a wheelchair	[ ]	[ ]
	(c) on a trolley	[ ]	[ ]
	(d)		
B	Patients may be accompanied to the ward by:		
	(a) friends or relatives	[ ]	[ ]
	(b)		
C	Patients' medical records may be written up:		
	(a) at the bedside	[ ]	[ ]
	(b) at a staff base	[ ]	[ ]
	(c) in a doctor's office	[ ]	[ ]
	(d)		

BEDROOMS

Current practice favours a ward with some multi-bed and some single-bed rooms. It is for project teams to decide the exact mix of rooms to be provided, but the multi-bed rooms should normally contain six beds. There should be at least four single rooms.
(HBN 4, para. 2.9)

SINGLE BEDROOMS

Single-bed rooms may be used to nurse very ill or dying patients, patients who are confused, and patients who cannot be treated in a multi-bed room but who do not require treatment in strict isolation.
(HBN 4, para. 2.11)

MIXED WARDS

Mixed sex wards may have therapeutic, organisational and economic advantages. Some patients may find the idea embarrassing and distasteful; it is essential to ensure that patients' privacy and dignity are not impaired.

A mixed sex ward can be utilised more flexibly and intensively than a ward designed for use by only one sex, but the converse is not necessarily true; for example, the location of sanitary facilities may be unsuitable for mixed sex ward use.
(HBN 4, paras. 2.7 and 2.8)

HIGH DEPENDENCY PATIENTS

All bed spaces should be suitable for high dependency patients.
(HBN 4, para. 2.10)

Earlier decision | Ref

4 ORGANISATION OF SERVICE
4.2 PATIENT FACILITIES - BEDROOMS

Earlier decision	Ref		Yes	No
	A	The total number of beds in the wards will be_____		
	B	This ward will require:		
		(a) _____ single bedrooms		
3C		(b) _____ single bedrooms with en suite WC/bath/shower		
		(c) _____ multi-bed spaces, 3 beds		
		(d) _____ multi-bed spaces, 4 beds		
		(e) _____ multi-bed spaces, 4 beds with en suite facilities *		
		(f) _____ multi-bed spaces, 5 beds		
		(g) _____ multi-bed spaces, 5 beds with en suite facilities *		
		(h) _____ multi-bed spaces, 6 beds		
		(j) _____ multi-bed spaces, 6 beds with en suite facilities *		
WH	C	This ward will accommodate:		
		(a) females only	[ ]	[ ]
		(b) males only	[ ]	[ ]
		(c) both females and males	[ ]	[ ]
	D	Facilities for caring for high dependency patients will be required (SPECIFY PROVISION):		
		(a) _____		

* REFER TO SECTION ON PATIENTS SANITARY FACILITIES

PATIENT FACILITIES

Patients require:

a. a bed space

b. facilities for treatment

c. to see and speak to nurses as they move about the ward

d. auditory and visual privacy, especially when receiving medical and nursing attention

e. easy access to bathing, washing and WC facilities from bed and day areas

f. space around the bed where they or their visitors may sit, for storage of personal belongings, and to manoeuvre and use a walking frame or wheelchair

g. the means to summon attention

h. amenities, including radio and television, an individual bed light, access to a telephone, and a change of environment, for example, day spaces

j. to be free from noise

k. to be free from unpleasant odours

m. a light, pleasant and calm environment

(HBN 4, para. 2.6)

Earlier decision | Ref

4 ORGANISATION OF SERVICE
4.2 PATIENT FACILITIES - BEDROOMS (CONTD)

Earlier decision	Ref		Yes	No
WH	A	Patients' clothing will be kept on hospital premises	[ ]	[ ]
WH	B	Patients' personal items will be kept:		
		(a) in a fixed wardrobe at the bedside	[ ]	[ ]
		(b) in a mobile locker	[ ]	[ ]
		(c)		
WH	C	A small storage area will be required for:		
		(a) patients' suitcases	[ ]	[ ]
		(b)		
WH	D	Valuables for safe custody will be kept:		
		(a) overnight in a secure place in the sister's office	[ ]	[ ]
		(b) in the central administrative office	[ ]	[ ]
		(c)		
	E	Patients' bedspaces will be provided with:		
		(a) a bedhead luminaire	[ ]	[ ]
		(b) a bedhead service panel	[ ]	[ ]
		(c) a patient handset control unit	[ ]	[ ]
		(d) oxygen and vacuum outlets (SPECIFY PROPORTION OF BEDS WITH THIS SERVICE) _____		
		(e)		
	F	The patients' handset control unit will incorporate:		
		(a) a nurse call button	[ ]	[ ]
		(b) a reassurance light	[ ]	[ ]
		(c) luminaire switch	[ ]	[ ]
		(d) radio/TV volume control	[ ]	[ ]
		(e) radio/TV selector switch	[ ]	[ ]
		(f)		

SANITARY FACILITIES
Easy access, convenient location and good design of WCs and other sanitary facilities (see HTM64 'Sanitary Assemblies') are of great importance to patients; for all these assist their early mobilisation. WCs should be clearly identified (see HTM65 'Signposting').

All single bed rooms should be provided with:

a. personal washing facilities suitable for a seated patient
b. clinical handwashing facilities
c. doors

At least two of the single rooms should have an en-suite WC and shower; the WC should accommodate a patient on a sanitary chair.
(HBN 4, paras. 4.12, 4.4 and 4.5)

WCs
WCs may be located centrally, or may be associated with bedrooms. The latter arrangement has obvious advantages when a ward accommodates both sexes; also, the average distance from bed to WC is likely to be shorter. In some cases central provision may be more economic.

Centrally located WCs should not be more than about 12m from bed areas or the day room. The following points should also be taken into account:

a. all WCs must have provision for handwashing
b. as patients may wish to use the WC before or after bathing or showering, a WC and handwash basin should be installed in each bathroom/shower room
c. at least one assisted WC should be so designed that staff can assist the patient from either or both sides. A member of staff must be able to leave the WC without exposing the patient to view, and if privacy cannot be ensured by room design then an internal curtain or screen must be fitted.

(HBN 4, paras. 4.14 and 4.15)

BIDET
Provision of a bidet in the assisted bathroom or assisted shower should be considered; additional bidets may be required in wards serving particular clinical specialties.
(HBN 4, para. 4.16)

BATHROOMS AND SHOWER ROOMS
The number and location of baths and showers within the ward is a decision for project teams, but patients should have a choice of bath or shower. Where a bath or shower is provided en suite to each multi-bed room, no additional bathing facilities, other than an assisted bathroom and assisted shower should be required. To meet the needs of certain patients the assisted bathrooms can be used for some treatments.
(HBN 4, para. 4.17)

Earlier decision | Ref

4 ORGANISATION OF SERVICE
4.3 PATIENT FACILITIES - SANITARY

Earlier decision	Ref		Yes	No
3C 7B	A	Patients' WC/handwashing facilities will be provided: (SPECIFY NUMBERS)		
		WC / WC/ASSTD		
		(a) for ____ single room/s ____ ____		
		(b) for each multi-bed bedroom ____ ____		
		(c) for ____ multi-bed rooms ____ ____		
		(d) in a central location ____ ____		
		(e) in each bathroom	[ ]	[ ]
		(f) in shower rooms	[ ]	[ ]
		(g)		
	B	Specify number of clinical handwashing basins in each:		
		(a) multi-bed room _____		
		(b)		
	C	Specify bathroom facilities:		
		Number / Related to		
		(a) assisted bathroom ____ _____		
		(b) non-assisted bathroom ____ _____		
		(c) ____ _____		
	D	Shower facilities will be required for:		
		(a) ambulant patients	[ ]	[ ]
		(b) assisted patients, using wheelchair or sanitary chair .	[ ]	[ ]
		(c)		
	E	Bidets will be required:		
		(a) in the assisted bathroom/s	[ ]	[ ]
		(b) in the assisted shower/s	[ ]	[ ]
		(c)		

TREATMENT ROOM FACILITIES

A treatment room is intended to accommodate clinical procedures which should not be performed at the bedside except, when the patient is too ill to be moved or, when it is acceptable to undertake such procedures for a patient located in a single room. Project teams should decide whether they prefer to provide:

a. each ward with a treatment room which may also be used for patient examination and consultation

b. a central suite of treatment rooms in association with an Adult Acute Day Care Unit, to which all wards send their patients.

(HBN 4, para. 2.35)

REHABILITATION

This note assumes that any rehabilitation undertaken in the ward, for example, physiotherapy and occupational therapy will take place primarily:

a. at or near the bedside

b. in the day room of the ward

c. when traffic permits, within the main circulation routes

HBN 8, 'Rehabilitation: Accommodation for physiotherapy, occupational therapy and speech therapy' provides for an area of optional accommodation which may be shared between wards. This should be located near to wards. Patients may attend the department of rehabilitation for specific treatment.
(HBN 4, para. 2.14)

Earlier decision | Ref

4 ORGANISATION OF SERVICE
4.4 PATIENT FACILITIES - TREATMENT

Earlier decision	Ref		Yes	No
WH	A	Clinical procedures and nursing treatment will be carried out:		
		(a) in the central treatment suite	[ ]	[ ]
		(b) in a ward treatment room	[ ]	[ ]
		(c)		
2B 3A	B	Rehabilitation by physiotherapists, occupational therapists and nursing staff may take place:		
		(a) at the bedside	[ ]	[ ]
		(b) in a day room	[ ]	[ ]
		(c) in a specific area shared between wards	[ ]	[ ]
		(d) within the main circulation routes	[ ]	[ ]
		(e) in the rehabilitation department	[ ]	[ ]
		(f)		

4 ORGANISATION OF SERVICE
4.5 PATIENT FACILITIES - DAY SPACE/RECREATION

DAY SPACES

Each multi-bed room should include a day area, as the majority of patients, although highly dependent, are encouraged to sit out of bed for large parts of the day, including mealtimes. A small separate day room should be provided for those few ambulant patients who may be well enough to benefit from a change of environment; for visitors to wait; and where patients may await admission or collection on discharge. Where wards are paired and day rooms are adjacent, one of the two day rooms may be designated as a shared patients' smoking area - see also HBN 4, paragraph 5.3. Patients should be able to see out of a window when seated.

The day room should provide a warm, cheerful, comfortable and relaxed environment. Space should be sufficient to accommodate wheelchairs and patients using walking aids. A day room, even if it is of sufficient size, cannot be homely if its proportions are unsatisfactory. For some activities, such as watching TV or playing cards, it is necessary to group some chairs while others remain accessible; this is not possible, for example, in a long narrow room.
(HBN 4, paras. 4.10 and 4.11)

SMOKING

Health Circular HC(85)22 dated May 1985 - In Wales WHC(85)31 dated June 1985 provides guidance about smoking in health buildings. While recognising that the responsibility for determining local policies rests with the local authority, the Circular recommends that smoking should be restricted as far as is practicable and where it is permitted, confined to specially designated areas which are clearly signposted. In such areas ventilation should be sufficient to prevent discomfort to non-smokers and the spread of odours to other areas.
(HBN 4, para. 5.3)

Earlier decision | Ref

4 ORGANISATION OF SERVICE
4.5 PATIENT FACILITIES - DAY SPACE/RECREATION

Earlier decision	Ref		Yes	No
10B	A	Day facilities provided for in-patients will include:		
		(a) a day area in multi-bed rooms	[ ]	[ ]
		(b) a day room in each ward	[ ]	[ ]
		(c) a day/dining room in each ward	[ ]	[ ]
		(d)		
	B	TV points will be required:		
		(a) in all day rooms	[ ]	[ ]
		(b) in one of the shared day rooms	[ ]	[ ]
		(c) in multi-bed rooms	[ ]	[ ]
		(d) in single bed rooms	[ ]	[ ]
		(e)		
	C	An area may be designated for smoking	[ ]	[ ]
		IF YES SPECIFY WHERE _____		

4 ORGANISATION OF SERVICE
4.6 PATIENT FACILITIES - RELATIVES/INTERVIEWS

VISITORS

Visiting times are a matter for local decision. Open visiting requires waiting space away from bed rooms where visitors can sit comfortably whilst a patient is resting or receiving medical or nursing attention. Accommodation near to the ward may be required for the relatives of a patient who is seriously ill. The possibility that relatives may be elderly, disabled, or both should be borne in mind.
(HBN 4, para. 2.15)

RELATIVES' ROOM

The extent of provision of relatives' rooms, where relatives of seriously ill patients can rest during the day and sleep overnight in comfort, is determined by whole hospital policies. This accommodation must be close to wards.
(HBN 4, para. 4.58)

Earlier decision | Ref

4 ORGANISATION OF SERVICE
4.6 PATIENT FACILITIES - RELATIVES/INTERVIEW

Earlier decision	Ref		Yes	No
	A	Interviews (eg with visitors, doctors, medical social workers or chaplain) may take place:		
		(a) at the bedside	[ ]	[ ]
		(b) in the sister's office	[ ]	[ ]
		(c) in any office/room available in the ward	[ ]	[ ]
		(d) in the day room	[ ]	[ ]
		(e)		
	B	Visiting times will be: (SPECIFY) _____		
	C	A sub-waiting area will be required:		
		(a) at the entrance to the ward	[ ]	[ ]
		(b) shared between _____ wards		
		(c)		
WH	D	Patients' relatives who need to stay overnight will be accommodated:		
		(a) in a relatives' room	[ ]	[ ]
		(b) occasionally in a day room	[ ]	[ ]
		(c)		
WH	E	Relatives' room/s will be sited: (SPECIFY) _____		

5.1 CATERING

Each ward must have facilities for serving meals to patients. Two common methods of meal delivery service are:

a. CENTRAL TRAY SERVICE - meals which have been assembled to the individual patient's requirements are delivered to the ward in a trolley: food is kept hot by a heat retaining base under each plate. On arrival at the ward meals are served at the earliest opportunity. Space should be provided to accommodate the delivery trolley without obstructing normal circulation.

b. COOK-CHILL SERVICE - chilled meals which have been assembled to the individual patient's requirements are delivered to the ward in a trolley. This may incorporate a re-heating compartment, or a separate re-heating unit may be provided at ward level or in a shared trolley holding room. Meals must be heated under controlled conditions before being served to patients. Space, in addition to that needed for the bulky delivery trolleys, must be provided for activities associated with the controlled re-heating process - for example, temperature monitoring. An electric power supply will be needed.

Health authorities must, in determining the choice of supply, identify the implications (including statutory requirements - see paragraph 5.2) of the system selected for provision at ward level.
(HBN 4, para. 2.24)

FOOD TROLLEY
The central tray service trolley (but not a cook-chill trolley - see paragraph 4.59) should stand in the pantry while it is in the ward.
(Part of HBN 4, para. 4.42e)

COOK-CHILL TROLLEY HOLDING ROOM
This optional space is shared by adjacent wards.

To this space a number of purpose built trolleys are delivered from the Central Production Unit and await transfer to the ward at mealtimes. The space must be large enough to permit the easy manoeuvre of the large heavy trolleys. For further information see HBN 11 'Central Production Unit and satellite accommodation' - in preparation.
(HBN 4, paras. 4.59 and 4.60)

WARD PANTRY
The ward pantry should be equipped with facilities for:

a. the preparation of beverages and light snacks
b. the filling of patients' water jugs
c. storage of dry goods, and a limited amount of crockery and cutlery
d. refrigeration of perishable food

A mechanical dishwasher and separate facilities for washing-up and hand washing are required. Crockery and cutlery used for main meals is returned to the central washing-up service.
(HBN 4, para. 4.42)

5.1 CATERING

Earlier decision	Ref		Yes	No
WH	A	Patients' meals will be distributed by a:		
		(a) tray service (go to B)	[ ]	[ ]
		(b) cook/chill trolley service (go to C,D)	[ ]	[ ]
		(c)		
	B	The food trolley will be held:		
		(a) in the ward pantry	[ ]	[ ]
		(b)		
	C	Chilled meals will be reheated in:		
		(a) the pantry	[ ]	[ ]
		(b) a trolley holding room shared by _____ wards	[ ]	[ ]
		(c)		
	D	The condition of the food will be monitored and cleared for release by: (SPECIFY) _____		
	E	Meals will be served by:		
		(a) nursing staff	[ ]	[ ]
		(b) catering staff	[ ]	[ ]
		(c) domestic staff	[ ]	[ ]
		(d)		
7B	F	Patients will take their meals:		
		(a) by the bed	[ ]	[ ]
		(b) in the bed	[ ]	[ ]
		(c) in the day area within the multi-bed rooms	[ ]	[ ]
		(d) in a separate dining room	[ ]	[ ]
		(e) in the day/dining area	[ ]	[ ]
		(f) in a day/dining area shared between ___ wards		
		(g)		
	G	Beverages and light snacks for patients will be prepared:		
		(a) in the ward pantry	[ ]	[ ]
		(b)		
	H	Facilities for providing individual hot meals will be provided:		
		(a) by the central catering service	[ ]	[ ]
		(b)		
	J	Facilities will be required in the pantry for:		
		(a) storage of dry goods	[ ]	[ ]
		(b) refrigerated storage	[ ]	[ ]
		(c) storage of limited crockery and cutlery	[ ]	[ ]
		(d) mechanical washing up (SPECIFY ITEMS) _____		
		(e) manual washing up (SPECIFY ITEMS) _____		
		(f) hand washing	[ ]	[ ]
		(g) reheating meals (SPECIFY) _____	[ ]	[ ]
		(h)		

5.2 SUPPLY AND STORAGE

SUPPLY, STORAGE AND DISPOSAL

The storage space required for supplies is influenced by three principal factors:

a. Type: medical surgical sundries, sterile supply service items, pharmaceutical supply, etc.

b. Quantity: proportional to patient throughput

c. Policy: the whole hospital policy determines the frequency of delivery of each type of supply

The space provided should be sufficient to hold that quantity of each item which will match the expected demand for the longest period of time between consecutive deliveries. In practice this means holding not less than five days supply.

The consequences of supply storage and disposal policies for capital, revenue and service all interact. Increasing space and stock increases both capital and revenue costs. Reducing space reduces capital outlay but demands an increase in the frequency of delivery, so that running costs also increase. Insufficient stock can adversely affect patient care and nursing service because staff are distracted by the necessity of seeking or collecting the items required. Also, an unreliable supply encourages defensive overstocking. (HBN 4, paras. 2.29 to 2.31)

Earlier decision | Ref

5.2 SUPPLY AND STORAGE

WH A

Supply deliveries to be controlled by a requisition system will be:

		No. of days stock	Frequency of delivery
	(a) sterile supplies	____	____
	(b) linen	____	____
	(c) pharmacy supplies	____	____
	(d) medical and surgical sundries	____	____
	(e) cleaning materials	____	____
	(f) hardware and crockery	____	____
	(g) stationery	____	____
13J	(h) catering provisions - milk	____	____
	(j) catering provisions - dry goods	____	____
	(k) bulk disposables	____	____
	(m) pathology supplies	____	____
	(n)		

WH B

Supply deliveries to be controlled by a topping up system will be:

		No. of days stock	Frequency of delivery
	(a) sterile supplies	____	____
	(b) linen	____	____
	(c) pharmacy supplies	____	____
	(d) medical and surgical sundries	____	____
	(e) cleaning materials	____	____
	(f) hardware and crockery	____	____
	(g) stationery	____	____
13J	(h) catering provisions - milk	____	____
	(j) catering provisions - dry goods	____	____
	(k) bulk disposables	____	____
	(m) pathology supplies	____	____
	(n)		

5.2 SUPPLY AND STORAGE (CONTD)

Earlier decision | Ref

5.2 SUPPLY AND STORAGE (CONTD)

Earlier decision	Ref		Yes	No
WH	A	Supplies delivered by exchange trolley will be:		
		(a) linen	[ ]	[ ]
		(b)		
	B	Trolley parking will be required for:		
		(a) exchange linen trolleys	[ ]	[ ]
		(b) linen distribution trolleys (for use within the ward) .	[ ]	[ ]
		(c) resuscitation trolley	[ ]	[ ]
14	C	Controlled drugs will be stored in a Controlled Drugs cupboard:		
		(a) in the clean utility room	[ ]	[ ]
		(b)		
14	D	Pharmacy supplies will be stored:		
		(a) in the clean utility room	[ ]	[ ]
		(b)		
14	E	Medical and surgical sundries will be stored:		
		(a) in the clean utility room	[ ]	[ ]
		(b)		
14	F	Pathology supplies will be stored:		
		(a) in the clean utility room	[ ]	[ ]
		(b)		

5.2 SUPPLY AND STORAGE (CONTD)

STORAGE

Because store rooms require internal circulation space they are a costly means of providing storage. For many items, especially equipment, storage in relatively shallow cupboards opening directly from circulation areas may be convenient and cheaper.

EQUIPMENT STORE

This store will house equipment such as:

a. bed cradles and IV infusion stands;
b. physiotherapy/occupational therapy aids.

Some items may be stored on open shelving. The equipment store should be designed so that equipment is accessible and can easily be manoeuvred. This store should be well lit; poor illumination is false economy.

EQUIPMENT PARKS

Emergency equipment, such as the resuscitation trolley, must be parked where it is accessible from the bedrooms, but should not obstruct circulation areas. Less frequently used equipment such as patient hoists and a weighing machine should be kept in the Equipment Store. Orthopaedic wards require additional space, which may be shared between wards.
(HBN 4, paras. 4.47 to 4.49)

PRESSURISED CONTAINERS

Disposal of pressurised containers requires special attention - see SAB(88)79 'LPG Aerosol Containers: Risks arising from storage, use and disposal'. Specifically constructed containers (see Specification No TSS/S 330,15 December 1982) should be used for 'SHARPS' - particularly needles. This minimises the risk of injury to staff, particularly portering staff, handling goods destined for incineration.
(HBN 4, para. 2.32)

Earlier decision | Ref

5.2 SUPPLY AND STORAGE (CONTD)

Earlier decision	Ref		Yes	No
	A	A store for nursing equipment will be required	[ ]	[ ]
	B	Equipment store/s will be provided for: (SPECIFY EQUIPMENT)		
		(a) _____		
		(b) _____		
		(c) _____		
10B	C	Physiotherapy equipment will be kept: (SPECIFY)		
		(a) _____		
10B	D	Occupational therapy equipment will be kept: (SPECIFY)		
		(a) _____		
	E	Sanitary chairs will be parked:		
		(a) in the dirty utility	[ ]	[ ]
		(b)		
	F	Provision will be required for storing oxygen (SPECIFY)		
		(a) in use _____		
		(b) spare bottles _____		

5.3 DISPOSAL, CLEANSING AND DISINFECTING

PRESSURISED CONTAINERS

Disposal of pressurised containers requires special attention - see SAB(88)79 'LPG Aerosol Containers: Risks arising from storage, use and disposal'. Specifically constructed containers (see Specification No TSS/S 330,15 December 1982) should be used for 'SHARPS' - particularly needles. This minimises the risk of injury to staff, particularly portering staff, handling goods destined for incineration.
(HBN 4, para. 2.32)

DISPOSAL HOLD

This room should, if possible, be accessible from within the ward and also close to the hospital street. Collections, except for 'sharps' containers which are held in the dirty utility room for security reasons, may then be made without portering staff needing to enter the main circulation space of the ward.

Bagged refuse, used linen, and possibly sterile supply service items for reprocessing are held for collection. The disposal hold should be subdivided so that each category may be held separately, thus lessening the risk that reprocessible items are sent for incineration.

The size of the disposal hold should be determined by the ratio of the rate of accumulation of material for disposal to the frequency of collection.
(HBN 4, paras. 4.39 to 4.41)

DIRTY UTILITY

The dirty utility provides facilities for the preparation for use, and disposal of contents following use, of bedpans, urinals and washbowls. The distance between the bed areas and the dirty utility should be as short as possible. Project teams must decide between a disposable bedpan system with bedpan macerator or a non-disposable system with bedpan washer, and plan accordingly. In making their choice project teams should take into account not only cost and storage needs but also the fact that bedpan macerators are more noisy when in use and may disturb patients, particularly at night.

The dirty utility is also used for urine testing, holding of specimens, and parking sanitary chairs and commodes. The clinical speciality of the ward, or the local laboratory services may be such that a refrigerator for holding specimens for pathological investigation must be provided.
(HBN 4, paras. 4.34 and 4.36)

Earlier decision | Ref

5.3 DISPOSAL, CLEANSING AND DISINFECTING

Earlier decision	Ref		Yes	No
WH	A	The system of disposal will be:		
		(a) used (soiled and fouled) linen in bags, colour coded _____		
		(b) infected linen in bags, colour coded _____		
		(c) heat-labile fabrics in bags, colour coded _____		
		(d) patients' personal clothing for laundry in bags, colour coded _____		
		(e) soiled dressings in bags, colour coded _____		
		(f) HSDU items in bags, colour coded _____		
		(g) HSDU items in labelled containers	[ ]	[ ]
		(h) waste for destruction in bags, colour coded _____		
		(j) returnable items in labelled containers	[ ]	[ ]
		(k) sharps in labelled containers	[ ]	[ ]
		(m) returnable bottles to pharmacy (SPECIFY) _____		
		(n) blood to haematology (SPECIFY) _____		
		(p) pressurised containers (SPECIFY) _____		
		(q)		
WH	B	Linen/clothing will be collected:		
		(a) daily	[ ]	[ ]
		(b) twice daily	[ ]	[ ]
		(c)		
WH	C	Waste for destruction will be collected:		
		(a) daily	[ ]	[ ]
		(b) twice daily	[ ]	[ ]
		(c)		
	D	Materials requiring disposal or reprocessing may be kept:		
		(a) temporarily in a dirty utility area before transfer to a disposal holding point	[ ]	[ ]
		(b) at a disposal holding point	[ ]	[ ]
		(c)		
WH	E	Pathology specimens will be collected:		
		(a) daily	[ ]	[ ]
		(b) twice daily	[ ]	[ ]
		(c)		
	F	The floor area of the disposal hold shall not be less than _____ square metres (INSERT ESTIMATE)		

5.3 DISPOSAL, CLEANSING AND DISINFECTING (CONTD)

Decisions

Earlier decision | Ref

5.3 DISPOSAL, CLEANSING AND DISINFECTING (CONTD)

Earlier decision	Ref		Yes	No
17E	A	Pathology specimens will await collection: (a) in a refrigerator in the dirty utility room	[ ]	[ ]
		(b)		
	B	Urine testing facilities will be required: (a) in a dirty utility room	[ ]	[ ]
		(b)		
WH	C	Bedpans used will be: (a) disposable	[ ]	[ ]
		(b) non-disposable	[ ]	[ ]
		(c)		

DIRTY UTILITY

The dirty utility provides facilities for the preparation for use, and disposal of contents following use, of bedpans, urinals and washbowls. The distance between the bed areas and the dirty utility should be as short as possible. Project teams must decide between a disposable bedpan system with bedpan macerator or a non-disposable system with bedpan washer, and plan accordingly. In making their choice project teams should take into account not only cost and storage needs but also the fact that bedpan macerators are more noisy when in use and may disturb patients, particularly at night.

The dirty utility is also used for urine testing, holding of specimens, and parking sanitary chairs and commodes. The clinical speciality of the ward, or the local laboratory services may be such that a refrigerator for holding specimens for pathological investigation must be provided.
(HBN 4, paras. 4.34 and 4.36)

Earlier decision | Ref

5.3 DISPOSAL, CLEANSING AND DISINFECTING (CONTD)

Earlier decision	Ref		Yes	No
WH 18C	A	Disposable items used will include:		
		(a) bedpans/liners	[ ]	[ ]
		(b) urinals	[ ]	[ ]
		(c) sputum containers	[ ]	[ ]
		(d) vomit bowls	[ ]	[ ]
		(e) incontinence pads	[ ]	[ ]
		(f) aprons	[ ]	[ ]
		(g) sacks	[ ]	[ ]
		(h) plastic draw sheets	[ ]	[ ]
		(j) hand towels	[ ]	[ ]
		(k)		
18C	B	Disposable bedpans/bottles and their contents will be disposed of by using:		
		(a) a macerator in the dirty utility	[ ]	[ ]
		(b)		
18C	C	Non-disposable bedpans/bottles will be cleansed and disinfected in a bedpan washer/disinfector:		
		(a) in the dirty utility	[ ]	[ ]
		(b)		
10A	D	Dressing trolleys will be cleansed and disinfected:		
		(a) in the dirty utility	[ ]	[ ]
		(b)		

5.4 DOMESTIC SERVICES

DOMESTIC SERVICES

The accommodation required for storage and cleaning of equipment at ward level will be determined by the scope and extent of the service as outlined by the whole hospital policy. The scope for sharing this accommodation between wards should be explored by project teams.

The type and number of items of equipment and materials to be stored will depend upon the finishes provided in the accommodation, numbers and deployment of staff and the frequency of cleaning. The efficiency of cleaning services will be assisted by restricting the variety of floor finishes; the backing of textile floor coverings should be impervious to fluids, and the pile non-absorbent.

The cleaning properties of wall and ceiling finishes should be taken into account when coverings are selected.
(HBN 4, paras. 2.26 to 2.28)

CLEANERS ROOM

The cleaners' room is the base for domestic services staff who provide a cleaning service to the ward. It should include storage for cleaning materials and equipment in daily use, and facilities for the routine servicing and cleaning of equipment. Bulky equipment has to be moved in and out of the room and this should be taken into account in its location.

Space should be sufficient for the storage, washing, drying and manoeuvring of cleaning machines, for loading, packing and unloading trolleys, and for emptying and filling buckets and bowls. Access to the sink should be unrestricted. The room should be well lit and ventilated so that equipment can dry quickly.

Small security lockers may be required for storage of small items of personal belongings such as handbags etc.
(HBN 4, paras. 4.43 to 4.45)

FLOWER BAY

In the flower bay patients and visitors, as well as staff, may arrange and dispose of flowers and wash and store vases.
(Part of HBN 4, para. 4.46)

Earlier decision | Ref

5.4 DOMESTIC SERVICES

Earlier decision	Ref		Yes	No
WH	A	The cleaning schedule will be as follows:		

carried out by	daily	weekly	3 monthly
Ward staff	___	___	___
Hospital cleaning team	___	___	___
Contract cleaners	___	___	___

Earlier decision	Ref		Yes	No
WH	B	A cleaners' room will be required:		
		(a) in the ward	[ ]	[ ]
		(b) shared between two wards	[ ]	[ ]
		(c)		
WH	C	Cleaners' personal belongings (eg handbags) will be kept for safe keeping:		
		(a) in a small security locker, in the cleaners' room	[ ]	[ ]
		(b) in the staff lockers	[ ]	[ ]
		(c)		
	D	Facilities for the arranging and disposal of flowers, changing water etc. will be required:		
		(a) in a separate bay	[ ]	[ ]
		(b)		
	E	This facility may be used by:		
		(a) staff	[ ]	[ ]
		(b) visitors	[ ]	[ ]
		(c) patients	[ ]	[ ]
		(d)		

6.1 ADMINISTRATION/EDUCATION (CONTD)

CLINICAL TEACHING

Seminar facilities, at ward level or for a ward cluster, in which clinical instruction and case discussion may take place, are required. If it has been agreed that the teaching of undergraduate medical students will take place in the accommodation, and their numbers necessitate additional space, reference should be made to the document 'Teaching hospital space requirements' issued March 1974, DS 65/74, and Welsh Office's letter HSD 3/57/1 dated 28 April 1974.

Postgraduate/medical education requiring special facilities should take place in a postgraduate medical education centre or in the hospital education centre.

The requirements of students in professions supplementary to medicine should be considered, and the appropriate people and/or professional bodies should be consulted at the initial planning stage.
(HBN 4, paras. 2.16 to 2.18)

SEMINAR ROOM AND CLINICAL TEACHER'S OFFICE

These facilities maybe shared between a group of wards, and may be available by arrangement to other users. The project team should avoid any unnecessary duplication of seminar rooms, while ensuring they are close to the wards so that staff can be recalled quickly and easily. The seminar room should be available to all disciplines for teaching, tutorials, meetings and case conferences, as indicated in paragraph 2.16. It should accommodate the use of educational equipment, x-ray viewing, and note taking.
(HBN 4, para. 4.56)

Earlier decision | Ref

6.1 ADMINISTRATION/EDUCATION (CONTD)

Earlier decision	Ref		Yes	No
21B	A	Clinical instruction and teaching will take place in the ward:		
		(a) at the bedside	[ ]	[ ]
		(b) at the staff base	[ ]	[ ]
		(c) in the sister's office	[ ]	[ ]
		(d)		
WH	B	Clinical instruction and teaching outside the ward will take place:		
		(a) in a seminar room (specify maximum number of staff) ____		
		(b) in the accommodation for education and training	[ ]	[ ]
		(c)		
	C	A seminar room will be required:		
		(a) shared between a group of wards	[ ]	[ ]
		(b)		
	D	The seminar room should be equipped for:		
		(a) case conferences	[ ]	[ ]
		(b) x-ray viewing	[ ]	[ ]
		(c) visual aids	[ ]	[ ]
		(d) note taking	[ ]	[ ]
		(e)		
	E	Instructions or advice to patients and relatives may be given:		
		(a) in the sister's office	[ ]	[ ]
		(b) in a seminar room	[ ]	[ ]
		(c) at the bedside	[ ]	[ ]
		(d)		

6.2 STAFFING

Earlier decision | Ref

6.2 STAFFING

A

NURSING STAFF

The following grades of nursing staff will be working in the ward (ESTIMATE NUMBER)

	DAY			NIGHT		
	Part time	Full time	WTE	Part time	Full time	WTE
(a) sister/charge nurse	___	___	___	___	___	___
(b) staff nurses	___	___	___	___	___	___
(c) state enrolled nurses	___	___	___	___	___	___
(d) learners	___	___	___	___	___	___
(e) auxiliaries	___	___	___	___	___	___
(f) post-registration nurses	___	___	___	___	___	___
(g)						
TOTAL	___	___	___	___	___	___

MEDICAL STAFF

The estimated maximum number of medical staff working in the ward at any time will be:

	DAY			NIGHT		
	Part time	Full time	WTE	Part time	Full time	WTE
(a) consultants	___	___	___	___	___	___
(b) senior registrars	___	___	___	___	___	___
(c) registrars	___	___	___	___	___	___
(d) senior house officers	___	___	___	___	___	___
(e) junior doctors	___	___	___	___	___	___
(f) medical assistants	___	___	___	___	___	___
(g) clinical assistants	___	___	___	___	___	___
(h)						
TOTAL	___	___	___	___	___	___

6.2 STAFFING (CONTD)

Earlier decision | Ref

6.2 STAFFING (CONTD)

A

PARAMEDICAL/PROFESSIONAL STAFF

The estimated maximum number of paramedical staff working in the ward at any time will be:

Earlier decision		DAY Part time	DAY Full time	DAY WTE	NIGHT Part time	NIGHT Full time	NIGHT WTE
2A 3A 10B	(a) physiotherapists/ physiotherapy helpers	___	___	___	___	___	___
	(b) occupational therapists/ helpers	___	___	___	___	___	___
	(c) social workers	___	___	___	___	___	___
	(d) chiropodists	___	___	___	___	___	___
	(e) speech therapists	___	___	___	___	___	___
	(f) radiographers	___	___	___	___	___	___
	(g) laboratory technicians	___	___	___	___	___	___
	(h) chaplain	___	___	___	___	___	___
	(j)						
	TOTAL	___	___	___	___	___	___

6.2 STAFFING (CONTD)

Earlier decision | Ref

6.2 STAFFING (CONTD)

Yes No

A **ADMINISTRATIVE STAFF**

The estimated number of administrative staff working in each ward will be:

	DAY Part time	DAY Full time	DAY WTE	NIGHT Part time	NIGHT Full time	NIGHT WTE
(a) ward clerk	___	___	___	___	___	___
(b) secretary/typist	___	___	___	___	___	___
(c)						
TOTAL	___	___	___	___	___	___

WH B **PORTERS**

Porters will be provided:
(a) from central portering services ..... [ ] [ ]
(b)

WH C **DOMESTIC STAFF**

The person responsible for organising domestic services will be:
20 (a) a domestic superintendent ..... [ ] [ ]
(b) a domestic supervisor ..... [ ] [ ]
(c) a housekeeper ..... [ ] [ ]
(d)

D The estimated number of ancillary staff working in each ward will be:

	DAY Part time	DAY Full time	DAY WTE	NIGHT Part time	NIGHT Full time	NIGHT WTE
(a) orderlies	___	___	___	___	___	___
13E (b) domestic assistants	___	___	___	___	___	___
(c) housekeepers	___	___	___	___	___	___
20 (d) cleaners	___	___	___	___	___	___
(e) catering staff	___	___	___	___	___	___
(f)						
TOTAL	___	___	___	___	___	___

6.3 STAFF FACILITIES - SANITARY/CHANGING

STAFF FACILITIES

If a central or zonal changing facility is available then a cloakroom with small secure personal lockers should suffice; some of these lockers should be available for visiting staff. This room should be adjacent to a WC with handbasin, reserved for staff.

If female staff do not use a central/zonal facility then the changing room should include:

a. a curtained cubicle so that they may change in privacy

b. full length personal lockers for secure storage of clothing and personal items

c. facilities for the secure hanging of wet clothes

The extent to which similar separate accommodation is needed for male staff, which will depend on the number of male staff employed, is a matter to be decided by the project team.
(HBN 4, paras. 4.52 to 4.54)

Earlier decision | Ref

6.3 STAFF FACILITIES - SANITARY/CHANGING

Earlier decision	Ref		Yes	No
23 24 25	A	The maximum number of staff working in each ward simultaneously is likely to be: (a) Male _____ (b) Female _____ TOTAL _____		
WH	B	Staff will use: (a) the central changing accommodation of the hospital with small lockers and cloak and coat hanging facilities provided in the ward	[ ]	[ ]
		(b) zonal changing facilities	[ ]	[ ]
		(c) full changing accommodation provided in the ward/s	[ ]	[ ]
		(d) full changing accommodation shared between two wards ..	[ ]	[ ]
		(e)		
	C	Staff WC and handwashing facilities will be provided: (a) adjacent to the cloakroom area (SPECIFY NUMBER) _____ (b)		
	D	Separate changing facilities will be required for male staff	[ ]	[ ]
	E	and these will be situated (SPECIFY): _____		

7.1 ENGINEERING SERVICES

TELEPHONES

Central telephone facilities for internal and external calls should be extended to serve the ward in accordance with the requirements shown on the Activity Data Sheets. Wiring should terminate at each extension point in a standard line jack unit.

Outlets should also be provided for mobile pay phones. These should be connected direct to the public network by separate exchange circuits and not routed via the hospital switchboard. All line jack units, provided for a particular pay phone, should be connected to a common exchange circuit as far as is practicable, in order to economise on the number of exchange lines allocated to this facility.

Guidance concerning the provision of telephone services, including the telephone internal cabling distribution and telephone handset, is given in HBN 48.
(HBN 4, paras. 6.73 to 6.75)

RADIO AND TELEVISION

The radio/television relay system should be supplied via the hospital communal aerial installation and central amplification equipment.

Radio and TV sound should be available at each bed position with a handset having a selector switch and volume control serving an earphone unit.

TV outlet sockets should be provided in day spaces.

Details of the requirements for radio and TV are shown on the Activity Data Sheets.
(HBN 4, paras. 6.78 to 6.81)

STAFF LOCATION

The staff location system employed in the hospital should be extended to give adequate cover to the ward. Guidance on these systems is given in HTM 20.
(HBN 4, para. 6.72)

PATIENT/STAFF AND STAFF/STAFF CALL SYSTEM

Call points are indicated on the Activity Data Sheets. A visual and audible indication of operation should be provided at the staff base to give responding staff unambiguous identification of the call source. Further guidance on patient/staff and staff/staff call systems is given in HTM 15 and in Engineering Data Sheet DU 3.1.
(HBN 4, para. 6.71)

Earlier decision | Ref

7.1 ENGINEERING SERVICES

Earlier decision	Ref		Yes	No
WH	A	Patients will be able to make personal telephone calls using:		
		(a) a payphone	[ ]	[ ]
		(b) billed account facilities	[ ]	[ ]
		(c)		
	B	Telephone line jack units will be required in:		
		(a) each bedroom	[ ]	[ ]
		(b) the vicinity of each bed space	[ ]	[ ]
		(c) day areas	[ ]	[ ]
		(d) the day room	[ ]	[ ]
		(e)		
8F	C	TV outlet sockets will be required in:		
		(a) each multi-bed room	[ ]	[ ]
		(b) the vicinity of each bedspace	[ ]	[ ]
		(c) day areas	[ ]	[ ]
		(d) the day room	[ ]	[ ]
		(e)		
	D	TV sound channel will be required to:		
		(a) each bedhead	[ ]	[ ]
		(b)		
	E	Door security intercom system will be required between:		
		(a) the staff base and the entrance to the department	[ ]	[ ]
		(b)		
8F	F	Patient/nurse call facilities should be provided:		
		(a) at each bedhead	[ ]	[ ]
		(b) in day/dining areas	[ ]	[ ]
		(c) in bathrooms, showers and WC areas	[ ]	[ ]
		(d)		
8E	G	Emergency staff/staff call facilities should be provided:		
		(a) at each bedhead	[ ]	[ ]
		(b) in day/dining rooms	[ ]	[ ]
		(c) in treatment areas	[ ]	[ ]
		(d) in bathrooms, showers and WC areas	[ ]	[ ]
		(e)		

7.1 ENGINEERING SERVICES (CONTD)

PATIENT/STAFF AND STAFF/STAFF CALL SYSTEMS

Call points are indicated on the Activity Data Sheets. A visual and audible indication of operation should be provided at the staff base to give responding staff unambiguous identification of the call source. Further Guidance on patient/staff and staff/staff call systems is contained in HTM 15 and in Engineering Data Sheet DU 3.1.
(HBN 4, para. 6.71)

CONTROLLED DRUGS CUPBOARD

In compliance with HC(77)16 (WHN(77)32 in Wales), a red indicating lamp should be provided on each Controlled Drugs cupboard. A remote indicating lamp should be provided, where appropriate, outside the doorway to the room in which the cupboard is located and at the corresponding staff base indicator panel. The lamps should be interlocked with the cupboard, to give visual indication when the cupboard is unlocked, and should be supplied from an 'essential circuit'. For further information see HTM 63 and its associated specification for electrical services. The cupboard should be in accordance with BS2881.
(HBN 4, para. 6.58)

WIREWAYS FOR PHYSIOLOGICAL MONITORING EQUIPMENT

Since automated physiological monitoring at the bedhead may be required in the future, it may be advisable to consider installing wireways during construction. The installation of wireways after the hospital has been completed will be disruptive.
(HBN 4, para. 6.77)

Earlier decision | Ref

7.1 ENGINEERING SERVICES (CONTD)

Earlier decision	Ref		Yes	No
	A	Call system indicating lights should be sited in:		
		(a) view of the staff base	[ ]	[ ]
		(b) multi-bed rooms	[ ]	[ ]
		(c) the clean utility	[ ]	[ ]
		(d) the dirty utility	[ ]	[ ]
		(e) the pantry	[ ]	[ ]
		(f) the treatment room	[ ]	[ ]
		(g) the sister's office	[ ]	[ ]
		(h)		
	B	Warning indicator lights should be provided for the Controlled Drugs cupboard, located:		
		(a) outside the doorway of the room	[ ]	[ ]
		(b) at the staff base	[ ]	[ ]
		(c) in the sister's office	[ ]	[ ]
		(d)		
8E	C	Wireways for automated physiological monitoring equipment will be required:		
		(a) to each bedhead	[ ]	[ ]
		(b)		

7.1 ENGINEERING SERVICES (CONTD)

WIREWAYS FOR DATA LINKS
Wireways for data links should be provided within this department and to the main hospital system. Normally the cables can be accommodated in the extra low voltage compartment provided for other systems and, therefore, there should be no need to make extra provision.
(HBN 4, para. 6.76)

COMPUTER LIGHTING
In areas where computer terminals are to be used, the lighting should be designed to avoid bright reflections on the screen and to ensure that the contents of the screen are legible. Further guidance can be found in CIBSE Technical Memoranda TM6.
(HBN 4, para. 6.57)

RADIO AND TELEVISION
The radio/television relay system should be supplied via the hospital communal aerial installation and central amplification equipment. Radio and TV sound should be available at each bed position with a handset having a selector switch and volume control serving an earphone unit. TV aerial outlet sockets should be provided in day spaces. Details of the requirements for radio and TV are shown on the Activity Data Sheets.

LIGHTING
Patient reading lights should be provided for each bed. Each luminaire should be individually switched from the bedhead unit. Night lights may be wired from a common time switch and controlled to restrict their use to the silent hours.
(HBN 4, paras. 6.55 and 6.56)

EMERGENCY ELECTRICAL SUPPLIES
Guidance concerning the provision of emergency electricity supplies is contained in HTM 11. Socket outlets connected to essential circuits will include those at the bedhead, staff base, and in the treatment room. The supply to the Controlled Drugs cupboard should also be from an 'essential' circuit. All communication, clock and alarm systems, should be supplied from 'essential' circuits.
(HBN 4, paras. 6.66 to 6.68)

ELECTRICITY SUPPLY ACCOMMODATION
The switch cupboard should be:

a. located so that the cost of cabling is minimised
b. accessible from circulation areas (access space may be part of the circulation area)
c. sited away from water services
d. lockable
e. naturally ventilated

There should be clear and safe access for maintenance staff and care should be taken to ensure that safety is not compromised during maintenance, for example by traffic or the opening of adjacent doors.
(HBN 4, para. 4.55)

Earlier decision	Ref	7.1 ENGINEERING SERVICES (CONTD)	Yes	No
WH	A	Data link wireways will be required:		
		(a) within the ward	[ ]	[ ]
		(b) to the main hospital system	[ ]	[ ]
		(c)		
WH 8F	B	Facilities for patients to listen to public and hospital broadcasts will be:		
		(a) to all bedheads (for headphones)	[ ]	[ ]
		(b) in day rooms	[ ]	[ ]
		(c)		
	C	In addition to general lighting suitable provision will be required for:		
		(a) time controlled night lighting	[ ]	[ ]
		(b) separate night lighting of the staff base (non-disturbing to patients)	[ ]	[ ]
8E,F		(c) patients' individual bedhead lights	[ ]	[ ]
		(d) examination of patients in the treatment room	[ ]	[ ]
		(e) clinical examination of patients at bedspace	[ ]	[ ]
		(f)		
WH	D	Emergency electrical supplies will be provided by:		
		(a) a central hospital standby system	[ ]	[ ]
		(b)		
	E	A switch cupboard will be required:		
		(a) located centrally	[ ]	[ ]
		(b)		

7.1 ENGINEERING SERVICES (CONTD)

HEATING

Space heating should be designed for continuous operation and should be available during the summer months for use on cold days and nights. Heat emitters should be free from sharp edges and should be easy to clean. Emitters should not create an obstruction and should not be located behind beds. (HBN 4, para. 3.27)

PIPED MEDICAL GASES AND VACUUM

Guidance regarding piped medical gases is contained in HTM 22. (HBN 4, para. 6.42)

Earlier decision | Ref

7.1 ENGINEERING SERVICES (CONTD)

Earlier decision	Ref		Yes	No
WH	A	General space heating will be by:		
		(a) low pressure hot water heat emitters with individual control.....	[ ]	[ ]
		(b)		
	B	The following features should be incorporated in the heating system:		
		(a) continuous operation	[ ]	[ ]
		(b) available in summer if necessary	[ ]	[ ]
		(c) emitters should have a maximum touch temperature of _____c		
		(d) the overall ward temperature should average _____c		
		(e) hot water supplies to bathrooms and WCs will be regulated to _____c		
		(f)		
WH 8E	C	Piped medical gases and vacuum will be required:		
		(a) in single rooms of each ward	[ ]	[ ]
		(b) in multi-bed rooms of each ward	[ ]	[ ]
		(c) in treatment rooms	[ ]	[ ]
		(d)		

7.1 ENGINEERING SERVICES (CONTD)

VENTILATION

Single and multi-bed areas will normally be naturally ventilated, but the treatment room and some other areas will require mechanical supply and/or extract to meet clinical or functional requirements.
(HBN 4, para. 6.29)

PLEASE SEE HBN 4, PARAGRAPHS 6.30 to 6.37

FIRE SAFETY

It is essential that project teams familiarise themselves with the guidance in the FIRECODE series of documents which contain the Department's policy and technical guidance on fire precautions in hospitals and other NHS premises. In particular, the need for structural fire precautions and means of escape from the whole accommodation must be taken into account at the earliest possible planning stage. The key document for these aspects in hospitals is Health Technical Memorandum (HTM) 81 - "FIRECODE: Fire Precautions in new hospitals'.

In addition, basic policy, principles and key management guidance are contained in "FIRECODE: Policy and principles'. Other FIRECODE documents include the HTM '80' series (which give technical guidance on various building, engineering and equipment issues), the 'Fire Practice Notes' series (dealing with specialist aspects of fire precautions) and Nucleus guidance. Existing HTMs will, in due course, be reissued in the FIRECODE format. The series includes 'FIRECODE: Directory of fire documents' which lists references to relevant legislation and relevant fire precautions guidance issued by DoH and other sources, for example, the Home Office.

It is important to establish during the design stage those aspects of fire safety strategy which affect the design, configuration and structure of a project. At appropriate stages of the design process the architect and engineer should discuss and verify their proposals with the local fire authority, and ensure that the project team and all other planning staff are fully acquainted with the fire safety strategy for the design in terms of operation (staff responsibilities etc.), equipment provision, and buildings and engineering layouts. Health Technical Memoranda 56, 57, 58, 59, 60 and 65 give detailed information on the selection of fire resisting components and fire signs.

The principles of fire safety apply equally to new projects and to alterations and upgrading of existing buildings.
(HBN 4, paras. 3.11 to 3.14)

Earlier decision | Ref

7.1 ENGINEERING SERVICES (CONTD)

Earlier decision	Ref		Yes	No
	A	Mechanical supply ventilation will be required in:		
		(a) treatment areas	[ ]	[ ]
		(b) the clean utility	[ ]	[ ]
		(c)		
11B	B	Mechanical extract ventilation will be required in the:		
		(a) treatment areas	[ ]	[ ]
		(b) bathrooms and WCs	[ ]	[ ]
		(c) areas designated for smoking	[ ]	[ ]
		(d) dirty utility area	[ ]	[ ]
		(e) pantry	[ ]	[ ]
		(f) clean utility	[ ]	[ ]
		(g)		
WH	C	Fire alarms, smoke doors and fire fighting equipment will be provided:		
		(a) in accordance with Whole Hospital policy	[ ]	[ ]
		(b) in accordance with decisions made by the architect, engineer and local fire authority officer	[ ]	[ ]
		(c)		

FITTINGS AND FINISHES

Designers should aim to create an interior which is comfortable and pleasant to look at. The choice of fittings and furniture should form an integral part of the designing process and should be co-ordinated within the overall design scheme. Fixtures, fittings and furniture with sharp corners are a common cause of injury and should be avoided.

Finishes, including floor coverings in day areas (see the Report of the Floor Covering Study Group issued with HN(78)32 [WHN(78)92 in Wales]) should be functional and be compatible with the need for comfort, cleanliness and safety. (HBN 4, paras. 3.33 and 3.34)

FITTINGS AND FINISHES

The likely occurence and effects of accidental damage in the ward should be considered. Damage in health buildings has increased over the years due to the use of heavier mechanical equipment for the movement of patients and supplies and, to some extent, as a result of using lightweight, often less robust, building materials. Most damage to doors and to floor and wall surfaces is caused by wheeled traffic. Protective corners, buffers and plates, and soundly constructed floors, minimise damage. Protective devices should be capable of being renewed as need arises. Reference should be made to the relevant British Standards, to the advice in the Department's DS (Supply) letter 42/75 dated 5th August 1975 on the buffering of movable equipment, and to the guidance contained in HBN 40 Vol 2 'Corridors'. Further information is provided in Health Technical Memoranda 56 'Partitions', 58 'Internal doorsets' and 61 'Flooring'.
(HBN 4, para. 3.36)

FLOORS

Floor coverings should contribute to the creation of an attractive environment, but should not present a hazard to disabled people or restrict the movement of wheeled equipment. It is important that the floor covering chosen can be effectively cleaned, maintained and repaired without disrupting the management of the ward. Rapid developments in soft floor covering technology have produced a wide variety of new materials. (see report of the Floor Covering Study Group issued to Health Authorities with HM(78)32 - WHN(78)92 in Wales - and HTM 61 'Flooring'). Floors should not be, nor appear to be slippery and the patterning should not induce disorientation. Changes of floor level should be avoided wherever possible. Surface drag, static electricity, flammability, infection hazards and impermiability to fluids are other factors which should be considered.
(HBN 4, para. 3.39)

Earlier decision | Ref | 9 GENERAL DESIGN REQUIREMENTS

THE TEAM SHOULD RECORD ANY DECISIONS ON DESIGN AND COLOUR

OF FIXTURES, FITTINGS AND FURNISHINGS HERE

9 GENERAL DESIGN REQUIREMENTS (CONTD)

NOISE

Any unwanted sound is a noise. Careful consideration should be given to ensuring a quiet environment for patients. Sound, for example, from the pantry or the dirty utility room should be isolated and absorbed at source, where possible, with acoustic materials; it should be reflected and reduced by the use of soft floor coverings, curtains and other materials. On the other hand, a ward can be too quiet; indeed a low level of background sound can assist privacy.

Computer printers are often noisy. Noise may not be too noticeable in wards during normal working hours but during quiet hours it will probably not be acceptable. If it is not possible to position a printer at a site remote from patient areas, expenditure on a quieter printer or on means of quietening a noisy printer can be justified. (see also para. 4.23 - Staff Base).

It is inevitable that patients are disturbed by ward activities; this nuisance is particularly unwelcome at night. The following measures may serve to muffle sound, and reduce light from the staff base:

a. a canopy over the staff base lined with sound absorbing materials;
b. careful shading, direction and intensity control of lights at the staff base;
c. variable sound volume on telephone bells, with lights as an alternative to sound at night;
d. full height glazed partitions with doors to patients' bedrooms;
e. soft floor finish.

Excessive noise in individual areas, whether internally or externally generated and transmitted, can adversely affect the operational efficiency of the ward and can cause discomfort. In this respect, the dirty utility area and bedpan disposal unit need particular attention. The limits and means of control advocated in Hospital Design Note 4(10) including its revision (11) and the means of control given in Engineering Data Sheet DH1(12) should provide an acceptable accoustic environment.

There will also be a need to ensure auditory privacy in office areas, at the staff base, and in the treatment room. Acceptable noise levels and where applicable any requirement for auditory privacy in individual spaces are shown on the Activity Data 'A' Sheets.
(HBN 4, paras. 3.28, 3.31, 4.25 and 6.18-6.19)

Earlier decision | Ref | 9 GENERAL DESIGN REQUIREMENTS (CONTD)

THE FOLLOWING AREAS MAY GENERATE EXCESSIVE NOISE:

9 GENERAL DESIGN REQUIREMENTS (CONTD)

NATURAL AND ARTIFICIAL LIGHTING

The design of windows must reconcile different needs. In addition to the various statutory requirements, the following aspects also require consideration.

a. illumination and ventilation
b. insulation against noise
c. thermal loss or solar gain (see 'Low Energy Hospital Study Report', Volume 2, Section D)
d. the prevention of glare
e. the provision of a visual link with the outside world

Design should ensure that it is possible for cleaners to have easy access to the inside and outside of windows. Guidance on types of window on the safety aspects is available in HTM 55 'Windows'.

Where windows are located in the wall behind the bed-heads it is necessary to ensure that the space requirements for beds, lockers, bed-head services, etc are not compromised to the disadvantage of either patients or staff.

Decor should be light and pleasant. Natural lighting is essential to the well being of patients. The provision of a comprehensive artificial lighting installation is also essential; it makes an important contribution to the aesthetic appeal of the ward. It should be possible to vary the level of illumination to suit functional activities. Task lighting of the required intensity with low-contrast glare-free background illumination should be provided. All lighting in the ward should have suitable colour rendering characteristics.

Orientation is an important consideration in any site development scheme. Sunlight enhances colour and shape and helps to make a room bright and cheerful. Glare can be reduced by attention to the detail of window design, and can be controlled by curtains or blinds. The harmful effects of undesired solar gain can be mitigated by external screens - a costly solution - or by architectural detail of the shape of windows and depth of reveals. Properly controlled solar gain contributes to energy efficiency.
(HBN 4, paras. 3.17 to 3.21)

Earlier decision | Ref

9 GENERAL DESIGN REQUIREMENTS (CONTD)

THE TEAM SHOULD RECORD ANY DECISION ON NATURAL AND ARTIFICIAL LIGHTING HERE

9 GENERAL DESIGN REQUIREMENTS (CONTD)

COURTYARDS

Well proportioned courtyards enable more rooms to receive natural daylight and ventilation, and can provide a stimulating outlook f om patients' bedrooms and dayrooms and from staff areas, and thus compensate for the lack of a longer view. Suitable layout and planting can help to preserve privacy in surrounding rooms.

It is desirable to provide access to courtyards from day rooms or corridors wherever possible; thresholds should be designed to facilitate the movement of people in wheelchairs and those who have difficulty in walking. Seating should be provided. Access for maintenance should be from a hospital street or other corridor so that patients and staff are not disturbed.
(HBN 4, paras. 3.22 and 3.23)

Earlier decision | Ref

9 GENERAL DESIGN REQUIREMENTS (CONTD)

THE TEAM SHOULD RECORD ANY PLANNING RELATIONSHIPS THAT REQUIRE PARTICULAR ATTENTION HERE:

IF INTERNAL COURTYARDS ARE TO BE PROVIDED THE TEAM SHOULD RECORD ANY PARTICULAR REQUIREMENTS HERE:

DESIGN BRIEFING SYSTEM

PART 2

This part of the document should be used when all the decisions in Part 1 have been completed, to select and record suitable activity spaces for the project. Whilst an activity space can be equated with a room, it may also be an unenclosed space such as a bay or corridor.

It is recommended that a sub-group of the planning team should select the activity spaces and related data sheets outside the main meeting so that sufficient time is available to thoroughly check the implication of planning decisions taken in Part 1.

COMPLETING PART 2

The activity spaces likely to be required have been divided into suitable groups of accommodation (eg SANITARY FACILITIES). References are provided in the "Earlier Decision" column to decisions in Part 1 which may have an effect on the activity space chosen. Activity spaces are selected using the existing bank of DoH activity data sheets ("A" sheets), which may require modification to suit particular projects, or new "A" sheets may be generated.

The reference letter and number of "A" sheets, from which a choice may be made, should be recorded in the column (eg Disposal - Y0603). The number of activity spaces required should be entered in the "No" column. The "locational relationship" column should be used to state any important locational relationships within the department, either by ticking those already entered or adding new statements.

When all activity spaces have been chosen for each group, the whole of Part 2 should be reviewed, in its entirety, to enable the planning team to rationalise any over-provision or reconsider areas that may be shared, eg sharing of facilities between sections or sub-departments.

The schedule of activity spaces and data sheets may be typed directly from the completed Part 2, including any guidance the team may decide to include to assist designers.

DESIGN BRIEFING SYSTEM

ADULT ACUTE WARDS

PART 2

SCHEDULE OF ACTIVITY SPACES

The accommodation to be provided in the Adult Acute Wards is scheduled in the following groups of accommodation:

	Page
PATIENT FACILITIES	39
STAFF FACILITIES	40
UTILITIES	41

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		PATIENT FACILITIES			
3C,7 8E,F 29,30C	A	SINGLE ROOM		B0301	
7,8E,F 13F, 27,29B 32A	B	MULTI-BED ROOM - 6 BEDS WITH DAY AREA		B0401	
11,12A,D 13F,27 29B,32A	C	DAY ROOM		D1104	

	D	WASH/WC/SHOWER		V1304	
	E	ENSUITE SHOWER/WC/WASH		V1303	
7,9 27 31B,32A	F	ASSISTED BATHROOM		V1706	
	G	ASSISTED SHOWER		V1604	
	H	BATHROOM/WC/WASH		V1718	

10A	I	TREATMENT ROOM		X0103	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		STAFF FACILITIES			
6C,21B 32B	A	DOCTOR'S OFFICE		M0310	
8D,12A 21B, 22A,E 28A,B,32A	B	SISTER'S OFFICE		M0201	
21B,C	C	SENIOR NURSE'S OFFICE (ECA)		M0201	
	D	CLINICAL TEACHER'S OFFICE (ECA)		M0201	
6C,21 22A,28	E	STAFF BASE		T0102	
--------	F	STAFF LOCKERS		V0619	
23,24,25 26,32B	G	STAFF WC		V1005	

22B,E 32	H	SEMINAR ROOM (ECA)		H0518	

Planning unit/dept	Page	Design Briefing System	Decisions
AAW	41	ADULT ACUTE WARDS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		UTILITIES			
14,15,28A 31A,B	A	CLEAN UTILITY		T0602	
17,18,19 28A,31B	B	DIRTY UTILITY		Y0302	
20A,B,C	C	CLEANER'S ROOM		Y1201	
17,32B	D	DISPOSAL ROOM		Y0603	
13C,G,J 28A,31B	E	PANTRY		P0602	
13C	G	COOK-CHILL TROLLEY HOLDING RQOM (OAS)		P0101	
14,15, 16,32B	H	EQUIPMENT STORE		W1550	
14	J	LINEN TROLLEY BAY		W1426	
20D,E	K	FLOWER BAY		Y1403	
	L	HOSEREEL/CUPBOARD		K0601	
	M	SWITCH CUPBOARD		K0101	

4 ORGANISATION OF SERVICE
4.2 PATIENT FACILITIES - BEDROOMS (CONTD)

PATIENT FACILITIES

Patients require:

a. a bed space

b. facilities for treatment

c. to see and speak to nurses as they move about the ward

d. auditory and visual privacy, especially when receiving medical and nursing attention

e. easy access to bathing, washing and WC facilities from bed and day areas

f. space around the bed where they or their visitors may sit, for storage of personal belongings, and to manoeuvre and use a walking frame or wheelchair

g. the means to summon attention

h. amenities, including radio and television, an individual bed light, access to a telephone, and a change of environment, for example, day spaces

j. to be free from noise

k. to be free from unpleasant odours

m. a light, pleasant and calm environment

(HBN 4, para. 2.6)

4 ORGANISATION OF SERVICE
4.2 PATIENT FACILITIES - BEDROOMS (CONTD)

Earlier decision	Ref		Yes	No
WH	A	Patients' clothing will be kept on hospital premises	[ ]	[✓]
WH	B	Patients' personal items will be kept:		
		(a) in a fixed wardrobe at the bedside	[ ]	[✓]
		(b) in a mobile locker	[✓]	[ ]
		(c)		
WH	C	A small storage area will be required for:		
		(a) patients' suitcases	[ ]	[✓]
		(b)		
WH	D	Valuables for safe custody will be kept:		
		(a) overnight in a secure place in the sister's office	[✓]	[ ]
		(b) in the central administrative office	[ ]	[ ]
		(c) accessible to nursing staff at all times		
	E	Patients' bedspaces will be provided with:		
		(a) a bedhead luminaire	[✓]	[ ]
		(b) a bedhead service panel	[✓]	[ ]
		(c) a patient handset control unit	[✓]	[ ]
		(d) oxygen and vacuum outlets (SPECIFY PROPORTION OF BEDS WITH THIS SERVICE) 50%		
		(e)		
	F	The patients' handset control unit will incorporate:		
		(a) a nurse call button	[✓]	[ ]
		(b) a reassurance light	[✓]	[ ]
		(c) luminaire switch	[✓]	[ ]
		(d) radio/TV volume control	[ ]	[✓]
		(e) radio/TV selector switch	[ ]	[✓]
		(f)		

EXAMPLES OF WAYS IN WHICH A SECTION OF A BRIEF COULD BE TYPED FROM THE OPTIONS PAGE ABOVE

Options selected - typed directly from DBS page 8	Options selected - narrative form	
5 Organisation of Service 5.2 Patient Facilities - Bedrooms (contd)	5 Organisation of Service 5.2 Patient Facilities - Bedrooms (contd)	
B Patients' personal items will be kept: (b) in a mobile locker	Patients' personal items will be kept in a mobile locker.	8B
D Valuables for safe custody will be kept: (a) overnight in a secure place in the sister's office (c) accessible to nursing staff at all times	Valuables for safe custody will be kept overnight in a secure place in the sister's office, and be accessible to nursing staff at all times.	8D
E Patients' bedspaces will be provided with: (a) a bedhead luminaire (b) a bedhead service panel (c) a patient handset control unit (d) oxygen and vacuum outlets (50% of beds)	Patients' bedspaces will be provided with a bedhead luminaire, a bedhead service panel, and a patient handset control unit. 50% of the beds will be provided with oxygen and vacuum outlets.	8E
F The patients' handset control unit will incorporate: (a) a nurse call button (b) a reassurance light (c) a luminaire switch	The patients' handset control unit will incorporate a nurse call button, a reassurance light and a luminaire switch.	8F

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